

Form CPF M 102: Campaign Finance Report

Municipal Form

GLOUCESTER, MA

Office of Campaign and Political Finance

2/1/15

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates: Beginning Date: 7/1/15	Ending Date: 19/26/15			
Type of Report: (Check one) ☐ 8th day preceding preliminary ■ 8th day preceding election ☐ 30 day	y after election year-end report dissolution			
Amy-Beth Healey Candidate Full Name (if applicable) City Councilor - at Large Cloucester MA Office Sought and District Amy-Beth Healey Cangaign Committee Name Tason D. Healey Name of Committee Treasurer				
Residential Address Telephone Number (optional): 508- 784- 7706 Telephone Number (optional): 508- 784- 7706	Committee Mailing Address ne Number (optional): 308-384-1852			
SUMMARY BALANCE INFO	DRMATION:			
Line 1: Ending Balance from previous report				
Line 2: Total receipts this period (page 3, line 11)	1455.00			
Line 3: Subtotal (line 1 plus line 2)	1455.00			
Line 4: Total expenditures this period (page 5, line 14)	508.34			
Line 5: Ending Balance (line 3 minus line 4)	946.64			
Line 6: Total in-kind contributions this period (page 6)	-0			
Line 7: Total (all) outstanding liabilities (page 7) \$\frac{1}{249.90}\$				
Line 8: Name of bank(s) used: Cape an Savi	ings Bank			
Affidavit of Committee Treasurer: I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. Signed under the penalties of perjury: (Treasurer's signature) Date: 10/26/5				
Candidate with Committee and no activity independent of the committee Certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.				
Candidate without Committee OR Candidate with independent activity filing separate report I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or op behalf of this committee in accordance with the requirements of M.G.L. c. 55.				
Signed under the penalties of perjury:	(Candidate's signature) Date: 10/16//5			

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
19/20/15	Bell, Jan + John 252 E. Main St Gloucester, MA 01930	#50	
9/15/15	Gilman, Valerie 75 Ravere St Glouceskr, MA 01930	\$ 50	
9/15/15	Hunter, Karen + Keith 235 Essex Que Gloucester, MA 01930	\$ 100	
9/15/15	Parisi, Nan Nolan, Staceyt Sean 126 Magnolia Que. Glouceskr, MA 01930	#50	
9/19/15	Parisi, Nancy + Mike. 40 7 Parker St Glonceskr, MA 01930	\$ 50	
9/15/15	Passons. Gloria + Doug 39 Mt. Measant Que Glacestes, MA 01930	\$ 6 00	Doug: SnipWrlght Gloncester Marine Reilway Corp. Inc. Gloria: Retired
9/15/15	Parsons, Mary 88 Wheeler St Gloucester, MA 01930	\$ 120	
9/22/15	Stockman, Cindar Jeff 1Hill Rd Glonce strong MA 01930	\$50	
Line 9: Total Receip	ots over \$50 (or listed above)	10 70.00	
Line 10: Total Recei	pts \$50 and under* (not listed above)	385.00	
Line 11: TOTAL R	ECEIPTS IN THE PERIOD	\$ 1455.00	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

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Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
7/15/15	Cape Ann Coffees	86 Bass Quenue Gloucester, MA 01930	Planning Meeting refreshments.	\$5.35
7/10/15	City of Glowester	Meddle St/Pleasant St Gloucester, MA	Parking	\$1.00
7/10/15	CUS Pharmacy	177 Main St. Glouwskr, MA 01930	Office Supplies	\$8.H8
9/15/15	Gloucester House Restaura	Rogers St Gloucester, MA 01930	Campaign Kich-Off Event, Petreshmuts tahit	\$410.00
7/10/15	Pleasant St. Tea.Co.	Pleasant St Glouce ster, MA	Planning meeting refrashments	18.31
7/17/15	Rite Aid	127-135 Estern Ave Gloucester, MA 01930	Office Supplies	\$2.25
8/18/15	Vista Print	www. Vistaprikt. com	Campaign postoards r business cads	172.95
Line 12: Total Expenditures over \$50 (or listed above)			508.34	
Line 13: Total Expenditures \$50 and under* (not listed above)				
	Enter on page 1, line 4 -> Line 14: TOTAL EXPENDITURES IN THE PERIOD 508			

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	Line 15: In-Kind Contributions over \$50 (or listed above)			
	Line 16: In-Kind Contributions \$50 & under (not listed above)			
	Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
8/15/15	Amy-Beth Healey	13 Calder St Glouceskr, MA 01930	Postage for Postcard Mailing	* 70
9/16/15	i Promote U	321 Common walth Ave Suite 101 Wayland, MA 01778	Campaign Signs + Magnets	\$1119.90
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTAND	ING LIABILITIES (ALL)	\$1249.90